Department of Human Resources - Technical Services Division

Nurse Qualification Sheet
Creditable Months of Service for RN's or LPN's
(to be completed by HR representative)

Year	Months	F / P

Empl ID/SSN: _____

Employee Name: _____

Date: _____

Division/Facility: _____

Position #: _____

License Type/Number: _____   _____

(attach a copy)   Expiration Date: _____

Original Date of License: _____

_____Months=_____ Years of Nursing Experience:

Base Monthly Salary (per parity): _____

Employee Signature _____   _____

Verified by:

_____
Human Resources Officer

Approved By:

_____
Chief Officer / Regional Director

_____
Commissioner

_____

PR0475   RDA 10158